



HIPAA Companion Guide Specifications

TXN 835 Health Care Claim Payment/Advice
TXN 277 Health Care Information Status Notification
(Remittance Advice)

Version 1.1
June 2, 2003

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1. INTRODUCTION

This companion guide is designed to be used in conjunction with the *HIPAA Implementation Guide*. The companion guide specifications define current functions and other information specific to North Carolina Medicaid Title Nineteen (NCXIX). The Division of Medical Assistance's (DMA) solution for Health Insurance Portability and Accountability Act (HIPAA) recommends suggested methods for utilizing the transactions.



2. SCOPE

The *United States Congress* included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, *Congress* added to title XI of the *Social Security Act* a new part C, titled "Administrative Simplification". On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within 2 years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003 for those covered and required to comply in 2002. The North Carolina Department of Health and Human Services (DHHS) has filed an extension, which supports an extension for all divisions within DHHS, to include the DMA.

This guide includes the scope and transaction map for the ASC X12N 835 004010X091A1 Health Care Claim Payment/Advice transaction set.

The 835 Remittance Advice (RA) transaction reports claim payment/advice and transfer of remittance information. The 835 can be used to make payments, send an Explanation Of Benefits (EOB) RA, or make a payment and send an EOB RA from a health care payer to a health care provider, either directly or through Electronic Funds Transfer (EFT). NCXIX will send only an EOB RA. Payment will continue to be made by either EFT or check, depending upon provider status. The Companion Guide is used as a supplement to the Implementation Guide to show mapping of the data generated in the Medicaid Management Information System Plus (MMIS+) to a HIPAA-compliant 835 transaction set.

The 835 transaction set provides information for all finalized adjudicated claims that have either paid or denied and financial items. NCXIX will supplement the 835 with the 277 transaction set to provide information for pended and returned claims. The NCXIX implementation of the 277 is provided in this document to show mapping of the data generated in the MMIS+ to an unsolicited 277 transaction set. The unsolicited claim status transaction is not a HIPAA-mandated transaction. Providers are not mandated to implement this transaction. However, if a provider elects to receive an 835 transaction, the 277 transaction will be created automatically for that provider when there are pending claims on file. Providers may elect to ignore the 277.

3. 835 CLAIM PAYMENT/ADVICE TRANSACTION MAP

LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
Header	ST/R-43	ST01	R	Transaction Set Identifier Code	Follow rules of the Implementation Guide
		ST02		Transaction Set Control Number	Follow rules of the Implementation Guide
	BPR/R-44	BPR01	R	Transaction Handling Code	NC Medicaid will set this value to 'I' – Remittance Information Only Advice
		BPR02		Total Actual Provider Payment Amount	Follow rules of the Implementation Guide
		BPR03		Credit or Debit Flag Code	NC Medicaid will set this value to 'C' – Credit
		BPR04		Payment Method Code	NC Medicaid will set the values to: ACH – Automated Clearing House if the provider receives payment via EFT CHK – Check if the provider receives payment via check
		BPR05		Payment Format Code	If payment is made via EFT, NC Medicaid will set this value to 'CCP' - Cash Concentration/Disbursement
		BPR06		Depository Financial Institution (DFI) Identification Number Qualifier	If payment is made via EFT, NC Medicaid will set this value to '01' - ABA Transit Routing Number
		BPR07		Sender DFI Identifier	If payment is made via EFT, NC Medicaid will set this value to 05311091
		BPR08		Account Number Qualifier	If payment is made via EFT, NC Medicaid will set this value to 'DA' - Demand Deposit
		BPR09		Sender Bank Account Number	If payment is made via EFT, NC Medicaid will set this value to 8730096875

LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		BPR10		Payer Identifier	If payment is made via EFT, NC Medicaid will set this value to 1752548221
		BPR11		Originating Company Supplemental Code	NC Medicaid will not populate this element
		BPR12		Depository Financial Institution (DFI) Identification Number Qualifier	If payment is made via EFT, NC Medicaid will set this value to "01" - ABA Transit Routing Number
		BPR13		Receiver or Provider Bank ID Number	Follow rules of the Implementation Guide
		BPR14		Account Number Qualifier	If payment is made via EFT, NC Medicaid will set this value to DA - Demand Deposit
		BPR15		Receiver or Provider Account Number	If payment is made via EFT, NC Medicaid will populate with the provider bank account number as on file
		BPR16		Check Issue or EFT Effective Date	Follow rules of the Implementation Guide
		BPR17		Business Function Code	Follow rules of the Implementation Guide
		BPR18		DFI Identification Number Qualifier	Follow rules of the Implementation Guide
		BPR19		DFI Identification Number	Follow rules of the Implementation Guide
		BPR20		Account Number Qualifier	Follow rules of the Implementation Guide
		BPR21		Account Number	Follow rules of the Implementation Guide
	TRN/R-52	TRN01	R	Trace Type Code	NC Medicaid will set this value to '01' - Current Transaction Trace Numbers
		TRN02		Check or EFT Trace Number	Follow rules of the Implementation Guide
		TRN03		Payer Identifier	NC Medicaid will set this value to 1752548221
		TRN04		Originating Company Supplemental Code	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	CUR/S-54	CUR01	S	Entity Identifier Code	NC Medicaid will not send this segment All payments are made in U.S. dollars
	REF/S-57	REF01	S	Reference Identification Qualifier	NC Medicaid will set this value to 'EV' – Receiver Identification Number
		REF02		Receiver Identifier	This field is equivalent to trading partner identification (ID)
		REF03		Description	Follow rules of the Implementation Guide
		REF04		Reference Identifier	Follow rules of the Implementation Guide
	REF/S-58	REF01		Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	S	Version Identification Code	NC Medicaid will set this value to claim version on the claim header, if applicable
		REF03		Description	Follow rules of the Implementation Guide
		REF04		Reference Identifier	Follow rules of the Implementation Guide
	DTM/S-60	DTM01	S	Date Time Qualifier	NC Medicaid will set this value to '405' - Production
		DTM02		Production Date	NC Medicaid will set this value to checkwrite cycle date
		DTM03		Time	Follow rules of the Implementation Guide
		DTM04		Time Code	Follow rules of the Implementation Guide
		DTM05		Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTM06		Date Time Period	Follow rules of the Implementation Guide
1000A/R-62				PAYER IDENTIFICATION	
	N1/R-62	N101	R	Entity Identifier Code	NC Medicaid will set this value to 'PR' - Payer



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		N102		Payer Name	NC Medicaid will set this value to North Carolina Medicaid
		N103		Identification Code Qualifier	Follow rules of the Implementation Guide
		N104		Payer Identifier	Follow rules of the Implementation Guide
		N105		Entity Relationship Code	Follow rules of the Implementation Guide
		N106		Entity Identifier Code	Follow rules of the Implementation Guide
	N3/R-64	N301	R	Payer Address Line	NC Medicaid will set this value to PO Box 30968
		N302		Payer Address Line	Follow rules of the Implementation Guide
	N4/R-65	N401	R	Payer City Name	NC Medicaid will set this value to Raleigh
		N402		Payer State Code	NC Medicaid will set this value to NC
		N403		Payer Postal Zone or Zip Code	NC Medicaid will set this value to 27622
		N404		Country Code	Follow rules of the Implementation Guide
		N405		Location Qualifier	Follow rules of the Implementation Guide
		N406		Location Identifier	Follow rules of the Implementation Guide
	REF/S-67	REF01	S	Reference Identification Qualifier	NC Medicaid will not send this segment
1000B/R-72				PAYEE IDENTIFICATION	
	N1/R-72	N101	R	Entity Identifier Code	NC Medicaid will set this value to 'PE' - Payee
		N102		Payee Name	This field is equivalent to the name of the provider being paid
		N103		Identification Code Qualifier	NC Medicaid will set this value to 'FI' - Federal Taxpayer's ID Number



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		N104		Payee Identification Code	This field is equivalent to the Federal Tax ID for the Provider being paid
		N105		Entity Relationship Code	Follow rules of the Implementation Guide
		N106		Entity Identifier Code	Follow rules of the Implementation Guide
	N3/S-74	N301	S	Payee Address Line	NC Medicaid will not send this segment
	N4/S-75	N401	S	Payee City Name	NC Medicaid will not send this segment
	REF/S-77	REF01	S	Reference Identification Qualifier	NC Medicaid will set this value to 'PQ' - Payee Identification
		REF02		Additional Payee Identifier	This field is equivalent to Medicaid Provider ID number of the provider being paid
		REF03		Description	Follow rules of the Implementation Guide
		REF04		Reference Identifier	Follow rules of the Implementation Guide
2000/S-79				HEADER NUMBER	Follow rules of the Implementation Guide
	TS3/S-80	TS3			NC Medicaid will not send this segment
	TS2/S-85	TS2			NC Medicaid will not send this segment
2100/R-89				CLAIM PAYMENT INFORMATION	Follow rules of the Implementation Guide
	CLP/R-89	CLP01	R	Patient Control Number	This field is equivalent to patient account number
		CLP02		Claim Status Code	This field is equivalent to status of the claim
		CLP03		Total Claim Charge Amount	This field is equivalent to original total billed amount on a new claim
		CLP04		Claim Payment Amount	This field is equivalent to claim paid amount on a new claim



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		CLP05		Patient Responsibility Amount	This field is equivalent to patient responsibility amount applied to the claim
		CLP06		Claim Filing Indicator Code	Follow rules of the Implementation Guide
		CLP07		Payer Claim Control Number	This field is equivalent to Internal Control Number (ICN) of the claim
		CLP08		Facility Type Code	Follow rules of the Implementation Guide
		CLP09		Claim Frequency Code	Follow rules of the Implementation Guide
		CLP10		Patient Status Code	Follow rules of the Implementation Guide
		CLP11		Diagnosis Related Group (DRG) Code	Follow rules of the Implementation Guide
		CLP12		Diagnosis Related Group (DRG) Weight	Follow rules of the Implementation Guide
		CLP13		Discharge Fraction	NC Medicaid will not send this element
	CAS/S-95	CAS01	S	Claim Adjustment Group Code	Follow rules of the Implementation Guide
		CAS02		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS03		Adjustment Amount	Follow rules of the Implementation Guide
		CAS04		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS05		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS06		Adjustment Amount	Follow rules of the Implementation Guide
		CAS07		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS08		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS09		Adjustment Amount	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		CAS10		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS11		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS12		Adjustment Amount	Follow rules of the Implementation Guide
		CAS13		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS14		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS15		Adjustment Amount	Follow rules of the Implementation Guide
		CAS16		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS17		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS18		Adjustment Amount	Follow rules of the Implementation Guide
		CAS19		Adjustment Quantity	Follow rules of the Implementation Guide
	NM1/R-102	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102		Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103		Patient Last Name	Follow rules of the Implementation Guide
		NM104		Patient First Name	Follow rules of the Implementation Guide
		NM105		Patient Middle Name	Follow rules of the Implementation Guide
		NM106		Name Prefix	Follow rules of the Implementation Guide
		NM107		Patient Name Suffix	Follow rules of the Implementation Guide
		NM108		Identification Code Qualifier	NC Medicaid will set this value to 'MR' – Medicaid Recipient ID Number
		NM109		Patient Identifier	This field is equivalent to recipient's Medicaid ID Number



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM110		Entity Relationship Code	Follow rules of the Implementation Guide
		NM111		Entity Identifier Code	Follow rules of the Implementation Guide
	NM1/S-105	NM101		Entity Identifier Code	NC Medicaid will not send this segment
	NM1/S-108	NM101		Entity Identifier Code	NC Medicaid will not send this segment
	NM1/S-111	NM101		Entity Identifier Code	NC Medicaid will set this value to '82' – Rendering Provider
		NM102		Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103		Rendering Provider Last or Organizational Name	Follow rules of the Implementation Guide
		NM104		Rendering Provider First Name	Follow rules of the Implementation Guide
		NM105		Rendering Provider Middle Name	Follow rules of the Implementation Guide
		NM106		Name Prefix	Follow rules of the Implementation Guide
		NM107		Rendering Provider Name Suffix	Follow rules of the Implementation Guide
		NM108		Identification Code Qualifier	NC Medicaid will set this value to 'MC' -Medicaid Provider Number
		NM109		Rendering Provider Identifier	This field is equivalent to Rendering Provider Number
		NM110		Entity Relationship Code	Follow rules of the Implementation Guide
		NM111		Entity Identifier Code	Follow rules of the Implementation Guide
	NM1/S-114	NM101		Entity Identifier Code	NC Medicaid will not send this segment
	NM1/S-116	NM101		Entity Identifier Code	NC Medicaid will set this value to 'PR' – Payer
		NM102		Entity Type Qualifier	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM103		Corrected Priority Payer Name	This field is equivalent to the name of the Third Party Insurance Company
		NM104		First Name	Follow rules of the Implementation Guide
		NM105		Middle Name	Follow rules of the Implementation Guide
		NM106		Name Prefix	Follow rules of the Implementation Guide
		NM107		Name Suffix	Follow rules of the Implementation Guide
		NM108		Identification Code Qualifier	NC Medicaid will set this value to 'PI' – Payor - ID
		NM109		Corrected Priority Payer Identification Number	This field is equivalent to Third Party Insurance ID Number
		NM110		Entity Relationship Code	Follow rules of the Implementation Guide
		NM111		Entity Identifier Code	Follow rules of the Implementation Guide
	MIA/S-118	MIA01	S	Covered Days or Visits Count	NC Medicaid will set this value to 0
		MIA02		PPS Operating Outlier Amount	Follow rules of the Implementation Guide
		MIA03		Lifetime Psychiatric Days Count	Follow rules of the Implementation Guide
		MIA04		Claim DRG Amount	Follow rules of the Implementation Guide
		MIA05		Remark Code	Follow rules of the Implementation Guide
		MIA06		Claim Disproportionate Share Amount	Follow rules of the Implementation Guide
		MIA07		Claim MSP Pass-through Amount	Follow rules of the Implementation Guide
		MIA08		Claim PPS Capital Amount	Follow rules of the Implementation Guide
		MIA09		PPS-Capital FSP DRG Amount	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		MIA10		PPS-Capital HSP DRG Amount	Follow rules of the Implementation Guide
		MIA11		PPS-Capital DSH DRG Amount	Follow rules of the Implementation Guide
		MIA12		Old Capital Amount	Follow rules of the Implementation Guide
		MIA13		PPS-Capital IME Amount	Follow rules of the Implementation Guide
		MIA14		PPS-Operating Hospital Specific DRG Amount	Follow rules of the Implementation Guide
		MIA15		Cost Report Day Count	Follow rules of the Implementation Guide
		MIA16		PPS-Operating Federal Specific DRG Amount	Follow rules of the Implementation Guide
		MIA17		Claim PPS Capital Outlier Amount	Follow rules of the Implementation Guide
		MIA18		Claim Indirect Teaching Amount	Follow rules of the Implementation Guide
		MIA19		Nonpayable Professional Component Amount	Follow rules of the Implementation Guide
		MIA20		Remark Code	Follow rules of the Implementation Guide
		MIA21		Remark Code	Follow rules of the Implementation Guide
		MIA22		Remark Code	Follow rules of the Implementation Guide
		MIA23		Remark Code	Follow rules of the Implementation Guide
		MIA24		PPS-Capital Exception Amount	Follow rules of the Implementation Guide
2100/S-123	MOA/S-123	MOA01	S	Reimbursement Rate	Follow rules of the Implementation Guide
		MOA02		Claim HCPCS Payable Amount	Follow rules of the Implementation Guide
		MOA03		Remark Code	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		MOA04		Remark Code	Follow rules of the Implementation Guide
		MOA05		Remark Code	Follow rules of the Implementation Guide
		MOA06		Remark Code	Follow rules of the Implementation Guide
		MOA07		Remark Code	Follow rules of the Implementation Guide
		MOA08		Claim ESRD Payment Amount	Follow rules of the Implementation Guide
		MOA09		Nonpayable Professional Component Amount	Follow rules of the Implementation Guide
	REF/S-126	REF01	S	Reference Identification Qualifier	NC Medicaid will set this value to 'EA' - Medical Record Identification Number
		REF02		Other Claim Related Identifier	This field is equivalent to the Medical Record Number that the provider submitted on the claim
		REF03		Description	Follow rules of the Implementation Guide
		REF04		Reference Identifier	Follow rules of the Implementation Guide
	REF/S-126	REF01	S	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02		Other Claim Related Identifier	Follow rules of the Implementation Guide
		REF03		Description	Follow rules of the Implementation Guide
		REF04		Reference Identifier	Follow rules of the Implementation Guide
	REF/S-128	REF01	S	Reference Identification Qualifier	NC Medicaid will not send this segment
	DTM/S-130	DTM01	S	Date Time Qualifier	This field is equivalent to the from and to Dates Of Service (DOS)
		DTM02		Claim Date	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		DTM03		Time	Follow rules of the Implementation Guide
		DTM04		Time Code	Follow rules of the Implementation Guide
		DTM05		Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTM06		Date Time Period	Follow rules of the Implementation Guide
	PER/S-132	PER01	S	Contact Function Code	Follow rules of the Implementation Guide
		PER02		Claim Contact Name	Follow rules of the Implementation Guide
		PER03		Communication Number Qualifier	Follow rules of the Implementation Guide
		PER04		Claim Contact Communications Number	Follow rules of the Implementation Guide
		PER05		Communication Number Qualifier	Follow rules of the Implementation Guide
		PER06		Claim Contact Communications Number	Follow rules of the Implementation Guide
		PER07		Communication Number Qualifier	Follow rules of the Implementation Guide
		PER08		Communication Number Extension	Follow rules of the Implementation Guide
		PER09		Contact Inquiry Reference	Follow rules of the Implementation Guide
	AMT/S-135	AMT01	S	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02		Claim Supplemental Information Amount	Follow rules of the Implementation Guide
		AMT03		Credit/Debit Flag Code	Follow rules of the Implementation Guide
	QTY/S-137	QTY01	S	Quantity Qualifier	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		QTY02		Claim Supplemental Information Quantity	Follow rules of the Implementation Guide
		QTY03		Composite Unit of Measure	Follow rules of the Implementation Guide
		QTY04		Free-Form Message	Follow rules of the Implementation Guide
2110/S-139				SERVICE PAYMENT INFORMATION	
	SVC/S-139	SVC01	S	Composite Medical Procedure	Follow rules of the Implementation Guide
		SVC01-1		Product or Service ID Qualifier	Follow rules of the Implementation Guide
		SVC01-2		Procedure Code	This field is equivalent to: If it is a drug claim, then it is the NDC; otherwise, it is the adjudicated procedure code
		SVC01-3		Procedure Modifier	This field is equivalent to the adjudicated procedure modifier 1
		SVC01-4		Procedure Modifier	This field is equivalent to the adjudicated procedure modifier 2
		SVC01-5		Procedure Modifier	This field is equivalent to the adjudicated procedure modifier 3
		SVC01-6		Procedure Modifier	This field is equivalent to the adjudicated procedure modifier 4
		SVC01-7		Procedure Code Description	Follow rules of the Implementation Guide
		SVC02		Line Item Charge Amount	This field is equivalent to the detail billed amount
		SVC03		Line Item Provider Payment Amount	This field is equivalent to the detail paid amount
		SVC04		National Uniform Billing Committee Revenue Code	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		SVC05		Units of Service Paid Count	Follow rules of the Implementation Guide
		SVC06		Composite Medical Procedure Identifier	Follow rules of the Implementation Guide
		SVC06-1		Product or Service ID Qualifier	Follow rules of the Implementation Guide
		SVC06-2		Procedure Code	This field is equivalent to: If it is a Drug claim, then it is the NDC; otherwise, it is the procedure code as submitted by the provider
		SVC06-3		Procedure Modifier	This field is equivalent to procedure modifier 1 submitted by the provider
		SVC06-4		Procedure Modifier	This field is equivalent to procedure modifier 2 submitted by the provider
		SVC06-5		Procedure Modifier	This field is equivalent to procedure modifier 3 submitted by the provider
		SVC06-6		Procedure Modifier	This field is equivalent to procedure modifier 4 submitted by the provider
		SVC06-7		Procedure Code Description	Follow rules of the Implementation Guide
		SVC07		Original Units of Service Count	This field is equivalent to submitted units of service
	DTM/S-146	DTM01	S	Date Time Qualifier	Follow rules of the Implementation Guide
		DTM02		Service Date	Follow rules of the Implementation Guide
		DTM03		Time	Follow rules of the Implementation Guide
		DTM04		Time Code	Follow rules of the Implementation Guide
		DTM05		Date Time Period Format Qualifier	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		DTM06		Date Time Period	Follow rules of the Implementation Guide
	CAS/S-148	CAS01	S	Claim Adjustment Group Code	Follow rules of the Implementation Guide
		CAS02		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS03		Adjustment Amount	Follow rules of the Implementation Guide
		CAS04		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS05		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS06		Adjustment Amount	Follow rules of the Implementation Guide
		CAS07		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS08		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS09		Adjustment Amount	Follow rules of the Implementation Guide
		CAS10		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS11		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS12		Adjustment Amount	Follow rules of the Implementation Guide
		CAS13		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS14		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS15		Adjustment Amount	Follow rules of the Implementation Guide
		CAS16		Adjustment Quantity	Follow rules of the Implementation Guide
		CAS17		Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS18		Adjustment Amount	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		CAS19		Adjustment Quantity	Follow rules of the Implementation Guide
	REF/S-154	REF01	S	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02		Provider Identifier	Follow rules of the Implementation Guide
		REF03		Description	Follow rules of the Implementation Guide
		REF04		Reference Identifier	Follow rules of the Implementation Guide
	REF/S-154	REF01	S	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02		Provider Identifier	Follow rules of the Implementation Guide
		REF03		Description	Follow rules of the Implementation Guide
		REF04		Reference Identifier	Follow rules of the Implementation Guide
	REF/S-156	REF01	S	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02		Rendering Provider Identifier	Follow rules of the Implementation Guide
		REF03		Description	Follow rules of the Implementation Guide
		REF04		Reference Identifier	Follow rules of the Implementation Guide
	AMT/S-158	AMT01	S	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02		Service Supplemental Amount	Follow rules of the Implementation Guide
		AMT03		Credit/Debit Flag Code	Follow rules of the Implementation Guide
	QTY/S-160	QTY01	S	Quantity Qualifier	NC Medicaid will set this value to 'NE' - Non-Covered
		QTY02		Service Supplemental Quantity Count	Follow rules of the Implementation Guide
		QTY03		Composite Unit of Measure	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		QTY04		Free-Form Message	Follow rules of the Implementation Guide
	LQ/S-162	LQ01	S	Code List Qualifier Code	Follow rules of the Implementation Guide
		LQ02		Remark Code	Follow rules of the Implementation Guide
PLB/S-164	PLB/S-164			Provider Level Adjustment	
		PLB01	S	Provider Identifier	This field is equivalent to the Medicaid Provider Number
		PLB02		Fiscal Period Date	NC Medicaid will set this value to '1231' of the calendar year
		PLB03		Adjustment Identifier	Follow rules of the Implementation Guide
		PLB03-1		Adjustment Reason Code	Follow rules of the Implementation Guide
		PLB03-2		Provider Adjustment Identifier	This field is equivalent to the ICN and Cash Control Number (CCN)
		PLB04		Provider Adjustment Amount	Follow rules of the Implementation Guide
		PLB05		Adjustment Identifier	This field is equivalent to the Medicaid Provider Number
		PLB05-1		Adjustment Reason Code	Follow rules of the Implementation Guide
		PLB05-2		Provider Adjustment Identifier	This field is equivalent to the ICN and CCN
		PLB06		Provider Adjustment Amount	Follow rules of the Implementation Guide
		PLB07		Adjustment Identifier	This field is equivalent to the Medicaid Provider Number
		PLB07-1		Adjustment Reason Code	Follow rules of the Implementation Guide
		PLB07-2		Provider Adjustment Identifier	This field is equivalent to the ICN and CCN
		PLB08		Provider Adjustment Amount	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		PLB09		Adjustment Identifier	This field is equivalent to the Medicaid Provider Number
		PLB09-1		Adjustment Reason Code	Follow rules of the Implementation Guide
		PLB09-2		Provider Adjustment Identifier	This field is equivalent to the ICN and CCN
		PLB10		Provider Adjustment Amount	Follow rules of the Implementation Guide
		PLB11		Adjustment Identifier	This field is equivalent to the Medicaid Provider Number
		PLB11-1		Adjustment Reason Code	Follow rules of the Implementation Guide
		PLB11-2		Provider Adjustment Identifier	This field is equivalent to the ICN and CCN
		PLB12		Provider Adjustment Amount	Follow rules of the Implementation Guide
		PLB13		Adjustment Identifier	This field is equivalent to the Medicaid Provider Number
		PLB13-1		Adjustment Reason Code	Follow rules of the Implementation Guide
		PLB13-2		Provider Adjustment Identifier	This field is equivalent to the ICN and CCN
		PLB14		Provider Adjustment Amount	Follow rules of the Implementation Guide
9999/R-173				TRANSACTION SET TRAILER	
	SE/R-173	SE01	R	Transaction Segment Count	Follow rules of the Implementation Guide
		SE02		Transaction Set Control Number	Follow rules of the Implementation Guide



4. 277 INFORMATION STATUS NOTIFICATION TRANSACTION MAP

LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
Header	ST/M-3		M	Transaction Set Header	
N/A	ST/M-3	ST01		Transaction Set Identifier Code	NC Medicaid will set this value to '277' - Health Care Claim Status Notification
		ST02		Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set
		ST03		Implementation Reference Number	NC Medicaid will set this value to 004040
	BHT/M-4		M	Hierarchical Transaction	
N/A	BHT/M-4	BHT01		Hierarchical Structure Code	NC Medicaid will set this value to '012' – Information Source, Provider of Service, Subscriber, Dependent
		BHT02		Transaction Set Purpose Code	NC Medicaid will set this value to '08' - Status
		BHT03		Reference Identification	NC Medicaid will not send this element
		BHT04		Date	NC Medicaid will set this value to the date of transaction creation
		BHT05		Time	NC Medicaid will set this value to the time of transaction creation
		BHT06		Transaction Type Code	NC Medicaid will set this value to 'NO' - Notice
2100	HL/M-6		M	HL - Information Source Level	
	HL/M-6	HL01		Hierarchical ID Number	NC Medicaid will set this value to 1

LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		HL02		Hierarchical Parent ID Number	NC Medicaid will not send this element
		HL03		Hierarchical Level Code	NC Medicaid will set this value to '20' - Information Source
		HL04		Hierarchical Child Code	NC Medicaid will set this value to '1' - Additional Subordinate HL data Segment in this Hierarchical structure
2100	NM1/O-8		O	NM1 - Information Source	
	NM1/O-8	NM101		Entity Identifier Code	NC Medicaid will set this value to 'PR' - Payer
		NM102		Entity Type Qualifier	NC Medicaid will set this value to '2' - Non-Person Entity
		NM103		Name Last or Organization Name/Information Source Name	NC Medicaid will set this value to North Carolina Medicaid
		NM104		Name First	NC Medicaid will not send this element
		NM105		Name Middle	NC Medicaid will not send this element
		NM106		Name Prefix	NC Medicaid will not send this element
		NM107		Name Suffix	NC Medicaid will not send this element
		NM108		Identification Code Qualifier	NC Medicaid will not send this element
		NM109		Identification Code/Information Source Identifier	NC Medicaid will not send this element
		NM110		Entity Relationship Code	NC Medicaid will not send this element
		NM111		Entity Identifier Code	NC Medicaid will not send this element
		NM112		Name Last or Organization Name	NC Medicaid will not send this element



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	HL/M-31		M	HL - Provider of Service Level	
	HL/M-31	HL01		Hierarchical ID Number	NC Medicaid will set this value to '2'
		HL02		Hierarchical Parent ID Number	NC Medicaid will set this value to '1'
		HL03		Hierarchical Level Code	NC Medicaid will set this value to '19' – Provider of Service
		HL04		Hierarchical Child Code	NC Medicaid will set this value to '1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
	NM1/O-32		O	NM1 - Billing Provider Name	
	NM1/O-32	NM101		Entity Identifier Code	NC Medicaid will set this value to '85' – Billing Provider's last name
		NM102		Entity Type Qualifier	NC Medicaid will set this value to either: 1 – Person 2 - Non- Person Entity
		NM103		Name Last or Organization Name/Provider Last or Organizational Name	Billing Provider's last name or organizational name
		NM104		Name First/Provider First Name	Billing Provider's first name
		NM105		Name Middle	Billing Provider's middle name or initial
		NM106		Name Prefix	NC Medicaid will not send this element
		NM107		Name Suffix	NC Medicaid will not send this element
		NM108		Identification Code Qualifier	NC Medicaid will set this value to 'MC' – Medicaid Provider



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM109		Identification Code	Billing Provider's Medicaid Provider Number
		NM110		Entity Relationship Code	NC Medicaid will not send this element
		NM111		Entity Identifier Code	NC Medicaid will not send this element
		NM112		Name Last or Organization Name	NC Medicaid will not send this element
	HL/M-56			HL - Patient Level	
	HL/M-56	HL01	M	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
		HL02		Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment to which the data segment being described is subordinate
		HL03		Hierarchical Level Code	NC Medicaid will set this value to '22' – Subscriber
		HL04		Hierarchical Child Code	NC Medicaid will set this value to '0' – No subordinate HL Segment in this hierarchical structure
	NM1/O-58		O	NM1 - Patient Name	
	NM1/O-58	NM101		Entity Identifier Code	NC Medicaid will set this value to 'QC' – Patient when recipient's last name is present
		NM102		Entity Type Qualifier	NC Medicaid will set this value to '1' – Person when recipient's last name is present
		NM103		Name Last or Organization Name/Patient Last Name	Recipient's last name
		NM104		Name First/Patient First Name	Recipient's first name
		NM105		Name Middle/Patient Middle Name	Recipient's middle name or initial



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM106		Name Prefix	NC Medicaid will not send this element
		NM107		Name Suffix/Patient Suffix	NC Medicaid will not send this element
		NM108		Identification Code Qualifier	NC Medicaid will set this value to 'MI' – Member Identification Number when Medicaid ID number submitted by the provider present
		NM109		Identification Code/Patient Identification Number	Recipient's Medicaid Identification Number (MID)
		NM110		Entity Relationship Code	NC Medicaid will not send this element
		NM111		Entity Identifier Code	NC Medicaid will not send this element
		NM112		Name Last or Organization Name	NC Medicaid will not send this element
2200	TRN/O-60		O	TRN - Patient Account Number	
	TRN/O-60	TRN01		Trace Type Code	NC Medicaid will set this value to '2' – Referenced Transaction Trace Numbers
		TRN02		Reference Identification/Patient Account Number	NC Medicaid will send the Patient Account Number submitted on the claim.
		TRN03		Originating Company Identifier	NC Medicaid will not send this element
		TRN04		Reference Identification	NC Medicaid will not send this element
	STC/O-62		O	STC - Claim Level Status Information	
	STC/O-62	STC01		Health Care Claim Status	Used to convey status of the entire claim or a specific service line



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		STC01-1		Industry Code/Health Care Claim Status Category Code	Use to indicate the general category of the status (accepted, rejected, additional information requested, etc.)
		STC01-2		Industry Code/Health Care Claim Status Code	Claim status codes indicate the detail about the general status communicated in the Claim Status Category Codes
		STC01-3		Entity Identifier Code	Code identifying an organizational entity, a physical location, property, or an individual
		STC01-4		Code List Qualifier Code	NC Medicaid will set this value to '65' - Health Care Claim Status Code
		STC02		Date/Status Information Effective Date	Date expressed as CCYYMMDD. NC Medicaid will send the claim status effective date
		STC03		Action Code/Status Information Action Code	NC Medicaid will set this value to 'WQ' - Accept
		STC04		Monetary Amount/Total Claim Charge Amount	NC Medicaid will send the total claim charge submitted on the claim
		STC05		Monetary Amount	NC Medicaid will not send this element
		STC06		Date	NC Medicaid will not send this element
		STC07		Payment Method Code	NC Medicaid will not send this element
		STC08		Date	NC Medicaid will not send this element
		STC09		Check Number	NC Medicaid will not send this element
		STC10		Health Care Claim Status	Use to convey status of the entire claim or a specific service line
		STC10-1		Industry Code/Health Care Claim Status Category Code	Use to indicate the general category of the status (accepted, rejected, additional information requested, etc.)
		STC10-2		Industry Code/Health Care Claim Status Code	Claim status codes indicate the detail about the general status communicated in the Claim Status Category Codes



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		STC10-3		Entity Identifier Code	Code identifying an organizational entity, a physical location, property, or an individual
		STC10-4		Code List Qualifier Code	NC Medicaid will set this value '65' - Health Care Claim Status Code
		STC11		Health Care Claim Status	Used to convey status of the entire claim or a specific service line
		STC11-1		Industry Code/Health Care Claim Status Category Code	Use to indicate the general category of the status (accepted, rejected, additional information requested, etc.)
		STC11-2		Industry Code/Health Care Claim Status Code	Claim status codes indicate the detail about the general status communicated in the Claim Status Category Codes
		STC11-3		Entity Identifier Code	Code identifying an organizational entity, a physical location, property, or an individual
		STC11-4		Code List Qualifier Code	NC Medicaid will set this value '65' - Health Care Claim Status Code
		STC12		Free-Form Message Text	NC Medicaid will not send this element
	REF/O-67		O	REF - Information Source Control Identification Number	
	REF/O-67	REF01		Reference Identification Qualifier	NC Medicaid will set this value to '1K' – Payor's Control Number when the ICN of the claim is present
		REF02		Reference Identification	NC Medicaid will send the ICN of the claim when present
		REF03		Description	NC Medicaid will not send this element
		REF04		Reference Identifier	NC Medicaid will not send this element
	REF/O-70		O	REF - Medical Record Identifier	
	REF/O-70	REF01		Reference Identification Qualifier	NC Medicaid will set this value to 'EA' – Medical Record Identification Number when the medical record number is present



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		REF02		Reference Identification/Medical Record Number	NC Medicaid will send the Medical Record Number if submitted on the claim
		REF03		Description	NC Medicaid will not send this element
		REF04		Reference Identifier	NC Medicaid will not send this element
	DTP/O-74		O	DTP - Claim Level Service Date	
	DTP/O-74	DTP01		Date/Time Qualifier	NC Medicaid will set this value to '232' - Claim Statement Period Start when the From Date Of Service (FDOS) and the To Date Of Service (TDOS) are present
		DTP02		Date Time Period Format Qualifier	NC Medicaid will set this value to 'RD8' when the FDOS and the TDOS are present
		DTP03		Date Time Period/Claim Service Period	NC Medicaid will send the claim dates of service when available
Details			M	Transaction Set Detail	
2220D	SVC/S-173		S		
		SVC01		Composite Medical	
		SVC01-1	R	Product or Service ID Qualifier	Follow rules of the Implementation Guide
		SVC01-2	R	Procedure Code	Follow rules of the Implementation Guide
		SVC01-3	S	Procedure Modifier	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		SVC01-4	S	Procedure Modifier	Follow rules of the Implementation Guide
		SVC01-5	S	Procedure Modifier	Follow rules of the Implementation Guide
		SVC01-6	S	Procedure Modifier	Follow rules of the Implementation Guide
		SVC01-7	N	Description	NC Medicaid will not send this element
		SVC02	R	Line Item Charge Amount (Submitted Amount)	Follow rules of the Implementation Guide
		SVC03	F	Line Item Provider Payment Amount	Follow rules of the Implementation Guide
		SVC04	S	S Revenue Code	Follow rules of the Implementation Guide
		SVC05	N	Quantity	NC Medicaid will not send this element
		SVC06	N	Composite Medical Procedure Identifier	NC Medicaid will not send this element
		SVC07	S	Original Units of Service Count	Follow rules of the Implementation Guide
	STC/S-177	STC01	R	Health Care Claim Status	
		STC01-1	R	Health Care Claim Status Category Code	Follow rules of the Implementation Guide
		STC01-2	R	Health Care Claim Status Code	Follow rules of the Implementation Guide
		STC01-3	S	Entity Identifier Code	Follow rules of the Implementation Guide
		STC02	R	Status Information Effective Date	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		STC03	N	Action Code	NC Medicaid will not send this element
		STC04	S	Line Item Charge Amount	Follow rules of the Implementation Guide
		STC05	S	Line Item Provider Payment Amount	Follow rules of the Implementation Guide
		STC06	N	Date	NC Medicaid will not send this element
		STC07	N	Payment Method Code	NC Medicaid will not send this element
		STC08	N	Date	NC Medicaid will not send this element
		STC09	N	Check Number	NC Medicaid will not send this element
		STC10	S	Health Care Claim Status	
		STC10-1	R	Health Care Claim Status Category Code	Follow rules of the Implementation Guide
		STC10-2	R	Health Care Claim Status Code	Follow rules of the Implementation Guide
		STC10-3	S	Entity Identifier Code	Follow rules of the Implementation Guide
		STC11	S	Health Care Claim Status	
		STC11-1	R	Health Care Claim Status Category Code	Follow rules of the Implementation Guide
		STC11-2	R	Health Care Claim Status Code	Follow rules of the Implementation Guide
		STC11-3	S	Entity Identifier Code	Follow rules of the Implementation Guide
		STC12	N	Free-Form Message Text	NC Medicaid will not send this element



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	REF/S-187	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Line Item Control Number	Follow rules of the Implementation Guide
		REF03	N	Description	NC Medicaid will not send this element
		REF04	N	Reference Identifier	NC Medicaid will not send this element
	DTP/S-188	DTP01	R	Date Time Qualifier	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Service Line Date	Follow rules of the Implementation Guide
N/A	SE/M-86		M	SE - Transaction Set Trailer	
	SE/M-86	SE01		Number of Included Segments/Transaction Segment Count	Total number of segments included in a transaction set including ST and SE segments
		SE02		Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set



5. DOCUMENT CHANGE HISTORY

Project Information
Project Name: Health Insurance Portability and Accountability Act Transaction Sets and Code Sets (HTSCS) Companion Guide
Status: Draft (Version number and date are used for configuration control of this deliverable)

The controlled master of this document is available in the EDS North Carolina Title Nineteen (NCXIX) eRoom^{®1}. Hard copies of this document are for information only and are not subject to document control.

Version	Issue Date	Created By	Comments/Reason
1.0	01/21/2003	Sherrie Binder, Myran Harris	Original document
1.1	06/02/2003	Bernice Ford	Updated with Detail U277 changes

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